



# Temporary Extension of Premises Application

CITY OF EVANSVILLE CITY CLERK'S OFFICE  
31 S. Madison St, PO Box 529, Evansville, WI 53536

Application Fee: \$50.00

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

This license can only be issued to a current Class B or Class C license Establishments.  
Requested area(s) must be adjacent with the current licenses premises.

Event Name:

Event Date:

Event Time:

Business Name:

(Must be the same as existing license)

Business Address:

Type of License currently held:

Name of Agent:

(Must be the same as existing license, otherwise a new appointment of agent form must be completed)

Phone Number:

Email Address:

Name of Person in Charge of Event:

Phone Number:

Email Address:

## Premises Details

Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor is to be served and consumed:

How will the licensed premises area be restricted and screened from underage persons:

Will the event encroach upon any public property or public right-of way?

Yes

No

(If you answered Yes above, a street closure permit may be needed)

## Names and Addresses of all Organization Officers:

President:

Name

Address

City/State/Zip

Vice President:

Name

Address

City/State/Zip

Secretary:

Name

Address

City/State/Zip

Treasurer:

Name

Address

City/State/Zip

Location of Premises where Beer and/or Wine will be served, consumed, or stored and areas where Alcohol Beverage Records will be stored:

Address/Location Description:

Do premises occupy all or part of building?

If part of building, fully describe all premises covered under this application, which floor(s) & room(s) licenses is to cover:

**Declaration:** An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

\_\_\_\_\_

\_\_\_\_\_

(Officer Signature/Date)

(Name of Organization)

**FOR MUNICIPALITY USE ONLY BELOW THIS LINE**

**Municipal Services Recommendation and Comments:**

Recommend \_\_\_\_\_ Non-Recommend \_\_\_\_\_ Recommend with conditions \_\_\_\_\_

\_\_\_\_\_

Municipal Services Director Signature Date

**Police Chief Recommendation and Comments:**

Recommend \_\_\_\_\_ Non-Recommend \_\_\_\_\_ Recommend with conditions \_\_\_\_\_

\_\_\_\_\_

Police Chief's Signature Date

Date Filed with Clerk: Public Safety: Approved/Denied Date:

Date License Issued: Council: Approved/Denied Date:

Note any conditions assigned:

Notes & Receipt Information: